Michigan Strategic Prevention Framework (MI SPF), State Epidemiology Workgroup
Data Website Repository
Data Indicator Collection and Reporting Recommendations
February 2008 (rev. 3.10.08)

Background

To empower the State of Michigan and local communities to fully integrate the strategic prevention framework into prevention planning throughout the State, the State Epidemiology Workgroup (SEW) has recommended that data collection and reporting procedures be strengthened. The State Epidemiology Workgroup of MI SPF assessed data gaps and determined that a web-based data repository to provide standardized and comparable county-level data was the number one priority of the State Epidemiology Workgroup.

SEW recommends that the web-based data repository should utilize social archival information supported by survey data, when available, and include data to assess substance abuse related consequences, consumption patterns, and contributing conditions (risk and protective factors). In addition, it is recommended the data system be updated every 2 years so that data is relevant to the current conditions of a community.

Rationale

It is important that the State of Michigan have a strong data collection and reporting system so that the State and communities can identify prevention problems, prioritize prevention efforts, and assess the impact of local and State efforts. This data system would empower the State of Michigan, coordinating agencies, and local communities to make informed resource allocation decisions, identify emerging trends, and assess the impact of their prevention efforts. If the State of Michigan does not provide meaningful data to the substance abuse system, our State will never fully be able to incorporate the SPF model.

Effective prevention efforts require a thorough understanding of the community to appropriately target intervention efforts. This is unworkable with multi-county or State level data alone. Therefore it is imperative that data be provided at a minimum of county level.

It is necessary that the State of Michigan take responsibility for collecting and reporting substance abuse related data in a meaningful manner. The burden on local communities to collect and interpret the broad spectrum of necessary data available would be exorbitant. Conversely, collection in a standardized manner would provide comparable data, allowing the State of Michigan to target prevention efforts appropriately and counties to compare their data to equivalent counties and to the State.

When communities are held responsible for data collection and reporting, they are restricted by funding limitations and forced to choose between collecting the data necessary to fully understand the conditions of their community or fund prevention activities to solve those conditions. A full understanding of the problem without the funding to implement the necessary interventions is not effective. Implementation of interventions without a full understanding of the community conditions contributing to the problem is not effective either. Therefore, local communities must not be made to choose, but rather provided with the data support necessary to

allow for both a thorough understanding of the community problems and the ability to implement interventions to solve those problems.

Valuable data from the State is critical in supporting the Strategic Prevention Framework effort in local communities as they begin the process of assessing and understanding the burden of substance abuse treatment in their communities beyond the SPF/SIG grant period. A thorough understanding of the burden of substance abuse, the contributing consumption patterns, and other relevant conditions will allow communities to prioritize problems and choose targeted interventions using appropriate programs, policies, and practices to ensure that their efforts address the local conditions most pertinent to the prioritized problems.

Recommendations

The Data Website Repository Workgroup of SEW established a core workgroup which has identified current and relevant data indicators to assess the burden of substance abuse, consumption patterns, and contributing conditions. **Attachment 1** outlines the recommendations for indicators, source of data, and methods for reporting.

Because it is important that data be reported at the local level, all data indicators included are available at the county or community level. Recommendations for further data collection have been detailed in **Attachment 1** for indicators that were deemed important but unavailable at the local level.

In addition to the content recommended, the following recommendations were established:
- Data reports should be updated every two years, and include trend data in future updates.
- Information should be provided on the website, rather than providing a hyperlink to the source website.
- State and National comparison should be provided in the county level reports when available.
- For risk factors it is important that social indicator data be included in addition to the Mi Profile for Healthy Youth (MIPHY) survey data because not all counties will have enough participation in MIPHY to produce county-level reports.
- The relevance of each data indicator should be included in a summary that provides the original source of the data and the research-based relevance to substance abuse. For consequence items that are not tied directly to the use of a substance it is important that the research link establishing the contribution of substance abuse to the issue should be provided along with attribution rates when available.
- Counties that administer youth surveys other than the MIPHY should be allowed to submit their data reports in a .pdf format for inclusion on the website. Minimum criteria for surveying methodology would need to be established to ensure the quality of data included on the website.
- County level reports should be modeled after the State of Washington: All data charts and tables are provided in an Excel document, with separate categories of data on separate and labeled worksheet tabs. In addition, a Table of Contents provides hyperlinks to specific sections of the report within the website.
- A State report mirroring county reports should be provided.

SEW recommends that the development of a system to collect and compile data reports, including all relevant variables, be a top priority of the infrastructure efforts undertaken by the MI SPF/SIG so that the MI prevention system may be empowered to incorporate the SPF planning process into future Block Grant funded prevention planning.

Note: Much of the data being recommended would be useful to other areas of social service such as violence, child welfare, and mental health. A system to collect and report data indicators may strengthen the data collection system of the State beyond substance abuse prevention alone, thus encouraging effective intergovernmental partnerships.

Attachment 1:

Data Collection Improvements: Recommendations for further data collection for indicators that were deemed important but unavailable at the local level.

1. ADULT USE PREVALENCE DATA – Adult Risk Behavior Survey
   Rationale/Purpose of Data:

- Track prevalence of substance abuse among the adult population.
- Track emerging patterns of use and perceptions of use among adults.
- Track effectiveness of community efforts to prevent the onset of drug use.
- Focus prevention efforts in relation to resources.
- Understand population change over time based on consistent data collection.
- Give the most complete picture of the scope of substance abuse when combined with appropriate youth survey data.

   Current Limitations:

- Michigan does not collect Adult Risk Behavior Survey with a large enough sample size to provide county level data.   In addition, the survey does not collect consumption information about any drugs in addition to alcohol and tobacco.
- While NSDUH data is available at the coordinating agency level, this does not provide information at a level necessary to employ effective interventions within multi-county regions. Within one coordinating region there may be very different use patterns in different communities that are not accurately represented when combined regionally.

   Suggestions/Recommendations:

- Establish a Michigan Adult Risk Behavior Survey that includes the collection of lifetime substance use, past 30-day use, route of administration, age of first use, and perceived risk/harm for alcohol, tobacco, marijuana, cocaine/crack, prescription drugs, and heroin.
- Indicators of alcohol and tobacco use patterns are currently collected on the Michigan Behavior Risk Factor Survey but are not collected with a large enough sample to be representative at the county level. Therefore, we recommend an oversampling procedure to provide county level data would be a cost effective method of collecting this information. In addition, if the State were to do this, there would be significant cost savings to county health departments far exceeding the additional cost to the State.
- Survey collection should be done every two years and the survey should use an adequate demographic sample size to report statistically significant results at the county level.

2. CHILD WELFARE - Referrals and Removals with Parental Substance Abuse Involvement

   Rationale/Purpose of Data:

- Assess the burden caused by substance abuse on families.
- Encourage active partnership between substance abuse treatment and child welfare.

Limitations:

- Currently it is not possible for the State to collect information **regarding child** referrals and child removals that are due to parental drug use/abuse, or by specific drug.

Suggestions/Recommendations:

- We support the SPF/SEW and intergovernmental workgroup in coordinating a process for collecting and sharing this data.

3. COURT INVOLVEMENT – Arrests and Convictions for Drug and Alcohol-Related Charges, Including Arrestee Demographics

Rationale/Purpose of Data:

- Demographics will give a more complete picture of who is court involved for alcohol- and drug-related charges.
- Examination of unique characteristics of users being arrested for different offenses.
- Tracking emerging trends of use, supply and manufacture.

Limitations:

- While Michigan State Police has been identified as a source for arrest and conviction information, we are currently unable to identify a single source that collects aggregated city, county and state law enforcement data.
- Arrest and conviction data should not be used to measure prevalence of adult substance abuse because it only reflects arrests. Therefore, it may be more a reflection of whether there is police enforcement than the actual scope of the substance abuse problem.

Suggestions/Recommendations:

- Need to coordinate state, county and local police department arrest information.

4. HEALTH CARE – Substance Abuse Related Emergency Room Episodes

Rationale/Purpose of Data:

- Provide an indicator of the burden of the substance abuse on the health system.
- Encourage active partnership between substance abuse services and hospitals.

Limitations:

- Hospitals report information to a 3rd party and the data is not publicly accessible.
- Often medical providers will not record a drug or alcohol problem due to insurance coverage and privacy issues.

Suggestions/Recommendations

- The intergovernmental workgroup may be in the best position to encourage appropriate collection and data sharing from hospitals.

5. Alcohol Consumption Tax Data – Beer and Wine

Rationale/Purpose of Data:

- Provide an indicator of the amount of consumption of alcohol in a community.

Limitations:

- Currently this information is available for liquor only.

Suggestions/Recommendations

- The intergovernmental workgroup may be in the best position to encourage appropriate collection and data sharing regarding tax records for beer and wine.

ATOD RELATED CONSEQUENCES

ALCOHOL RELATED CONSEQUENCES	Source	Level	Notes	Usefulness of Data	Feasibility
Alcohol Related Mortality					
• Number of deaths from chronic liver disease per 1000 population.	Center of Disease Control- Wonder	County			
• Number of deaths from homicide per 1000 population.	Uniform Crime Report http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621---,00.html	County	Not up to date – about 2 years old Need to identify and provide attribution rate info on website		
• Alcohol poisoning	CDC wonder		Very small number		
Alcohol related motor vehicle crashes	**Source**	**Level**	**Notes**		
• #/Rate of fatal motor vehicle crashes for which at least one driver, pedestrian, or cyclist had been drinking.	OHSP - http://www.michigantrafficcrashfacts.org/ Contact Person: Pietro Semifero	County State			
• Percent of drivers involved in fatal crashes who used alcohol.					
• Injuries #/rate total					
• #/rate crashes total			by miles or by persons?		
• Percentage of injury and fatal crashes by gender and age categories					
Alcohol Related Crime:	**Source**	**Level**	**Notes**		
• Arrests and Prosecutions, alcohol violation (age 10-17 and 18+).	UCR http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621---,00.html	County and jurisdiction	Available by age SEW should provide sub-note on difference between arrests and prosecutions and why there might be discrepancies in numbers		
• MIP citations	UCR http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621---,00.html		Need to determine whether prosecutor data system records "forgiven" MIPs.		
Alcohol Dependence/Abuse:	**Source**	**Level**	**Notes**		
Number of tx admissions where primary drug of choice is alcohol (Ages 10-17 and ages 18+)	TEDS Contact Person: Phil Chvojka	County State	Limited to public funding		

TOBACCO RELATED CONSEQUENCES	Source	Level	Notes		
Smoking attributable deaths: #, YPLL, and Expenditures • Cancer Deaths • Cardiovascular Deaths • Respiratory Disease Deaths Total Tobacco Related Deaths • Smoking Related • Second hand Smoke related	CDC SAMMEC (Smoking Attributable Mortality, Morbidity, and Economic Costs) http://apps.nccd.cdc.gov/sammec/ online data query tool – must register but anyone is allowed access	County (calculated every odd year)	Produces a chart w/this info -Include total for county and state, perhaps calculate rate per population. Legislative District is also available. Financial burden is available also.		
ILLICIT DRUG CONSEQUENCES	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Drug related mortality – number of deaths from illicit drug use per 1000 population	Unable to identify				
Arrests, Drug Law violation (adult and juvenile	MSP	County State			
Number of publicly funded treatment admissions where primary drug of choice is an illicit drug (publicly funded) - Ages 10-17 and ages 18+	TEDS Contact Person: Phil Chvojka	County State			
Total number of treatment admissions where an illicit drug was reported as a drug of choice (Ages 10-17 and ages 18+)		County State			
Total number of clients in publicly funded treatment where needle injection is reported.					
Total number of clients in publicly funded treatment reporting multiple drugs of choice.		County State			
Methamphetamine Labs	MSP - Tony Saucedo	County State			
Past 30 day: needle injection Youth	MIPHY	County if participating			
PRESCRIPTION DRUG CONSEQUENCES	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Number of treatment admissions where at least one of the drugs of choice was originally a prescription	TEDS Phil Chvojka	County			

ATOD RELATED CRIME CONSEQUENCES	Source	Level	Notes	Usefulness of Data	Feasibility
Total arrests/offenses (Ages 10-17 and ages 18+)	MSP	County State			
Arrests/Offenses - domestic violence					
Arrests/offenses - property crime (Ages 10-17 and ages 18+)					
Arrests/offenses - property crime (Ages 10-17 and ages 18+)					
Arrests/offenses - violent crime (Ages 10-17 and ages 18+)					

MISCELLANIOUS ATOD RELATED CONSEQUENCES	Source	Level	Notes	Usefulness of Data	Feasibility

Child and Family Health (Insert County Level Kids Count Report) which includes:
• Infant mortality (under 1 year)
• Child mortality (Ages 1-14)
• Births to mothers age 15-19
• Students receiving free/reduced lunches
• Child Safety:
  o Children in investigated families
  o Confirmed victims of abuse/neglect
  o Children in out-of-home care
	Kids Count http://www.milhs.org/information/default.asp?NavPageID=50096	County State	Check attribution rate/research and provide a small summary of the relevance of this data to substance abuse.		

Live births where substance abuse was listed as a risk factor for the mother	MDCH-vital records				
Children diagnosed with FAS	MDCH-Vital Records		Data may be underrepresented due to liability/prosecution issues		
Sexually transmitted disease cases	MI public health	County State	Available for certain diseases		
Youth Depression/Suicide: • Depression • Considered suicide • Planned suicide • Attempted suicide • Hospital b/c of suicide attempt	MIPHY	County if participating	Website should provide a brief summary of research link between sub abuse and depression/suicide. Perhaps MIPHY could provide these data results for youth reporting current use of any substance.		
Persons involved in both the public mental health and substance abuse system	Undetermined – MDCH may be able to facilitate.				

CONSUMPTION PATTERNS

Alcohol Consumption	Source	Level	Notes	Usefulness of Data	Feasibility
Past 30 day alcohol use – youth	MIPHY: AOD Report	County If participating	Youth, but not adult		
Past 30 day Binge Drinking – youth					
Heavy drinking: daily consumption of more than recommended amount					
Age of initial use – Percent reporting use before age 13					
Frequent alcohol use (how many days in past month)					
Apparent per capita ethanol consumption – total sales of ethanol (in gallons) in beer, wine, and spirits per capita age 14 and older	MLCC report	County-spirits State- beer &wine			
Tobacco Consumption	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Current tobacco use – youth	MIPHY: Tobacco Report	County if participating	Youth, but not adult		
Daily tobacco use – youth					
Frequent/Heavy smoking					
Age of initial use – Percent reporting use before age 13					
Total cigarette consumption per capita – # of packs taxed at the wholesale level per capita aged 18 + (State excise tax data)	Undetermined – possibly the Tobacco Section				
Illicit drug consumption	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Past 30 day use: youth • Marijuana • Cocaine • Inhalants • Heroin • Meth • Club drugs	MIPHY: AOD Report	County if participating	Youth, but not adult		
Age of initial use – percent of students reporting first use of marijuana before the age of 13					

Past 30 day use of prescription drugs: During the past 30 days, on how many days did you… - Take a prescription drug such as Ritalin, Aderall, or Xanax without a doctor's prescription? - Use barbiturates w/out a doctor's prescription? - Take steroid pills or shots without a doctor's prescription? - Take pain killers such as OxyContin, Codeine, Percocet, or Tylenol III without a doctor's prescription?	MIPHY: AOD Report				

RISK AND PROTECTIVE FACTORS BY DOMAIN
Using Social Indicator Data and data from the MIPHY

Risk and Protective Factor Summary Profile – Lists all indicators by domain in one document and compares to other like counties or to the state rates.

COMMUNITY DOMAIN	Source	Level	Notes	Usefulness of Data	Feasibility
Community Disorganization/ Low Neighborhood attachment/ Community and personal transitions and mobility					
• Population density	Census http://quickfacts.census.gov/qfd/states/26000.html	County and state			
• Uninhabited houses					
• Population not registered to vote					
• Population registered and not voting in the Nov. election					
• Net Migration, 3 years moving average					
• Existing home sales					
• New residence construction					
• Home ownership rates					
• Year household moved into housing unit					
Availability of drugs					
• Street price of drugs	Possibly DEA		ODCP Law Enforcement Section will gather from Drug Teams annually beginning 2008		
• Alcohol retail licenses (number, density per population)	MLCC website	County	On and off premise		
• Tobacco retail stores (number and density per population)	ODCP master list	County, zip code, State			
• Ease to obtain alcohol, cigarettes, and marijuana.	MIPHY: AOD Report	County if participating			
• Youth reporting illegal drug exchange on school property					

Availability of handguns					
• Weapons incidence in schools	Undetermined				
• Concealed weapons permits per capita	Undetermined				
• Gun sales/applications per capita	undetermined				
Laws and Norms favorable toward Drug Use	IG Workgroup Scan				
Extreme economic and social deprivation					
• Food stamp recipients (all ages)	DHS				
• Temporary assistance to needy families, inc. child recipients	DHS				
• Unemployed persons	Census	county			
• Persons below poverty rate • Youth living below poverty rate (ages 0-17)	Census or Kids count	County and State			
• Students receiving free/reduced lunches	Kids count: CEPI	State aggregate			
• Average earned per worker/household	Census -	county			
FAMILY DOMAIN	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Family Management Problems/Conflict					
• Divorce rates	Census	County			
• Victims of child abuse and neglect in accepted referrals - Investigated families - Confirmed - Out of home placements for abuse/neglect, - Out of home placement for delinquency	Kids count	County	.		
• Families with female householder, no husband present and kids under the age of 5 and under the age of 18 - Percent of these families living below the poverty level.	Census	county			
• Serious arguments in family					
Parent/Child Bonding: • Enjoy spending time with mother • Enjoy spending time with father • Feel close to father • Feel close to mother	MIPHY: Family Domain Report	County if participating			

Parental Monitoring:
  • Parents ask about homework
  • Parents know late coming home					

Parental Attitudes toward youth:
  • Alcohol
  • Smoking
  • marijuana					

SCHOOL DOMAIN:	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Low commitment to school/Bonding					

School Bonding:
   Schoolwork is meaningful/important
   Courses interesting
   School learning important later in life
   Enjoy being at school
   Hate being at school
   Try to do best work in school
   Do interesting activity at school
   Help decide class activity/rules
   Do things that make a difference at school
	MIPHY questions 103 thru 110
	
	School Domain Report
		County if participating			

Senior class loss Freshman who leave school before their senior year	CEPI	County aggregate; building and district level			
School weapons incidents, all grades	CEPI School Safety Data from School Infrastructure Database (SID)	County aggregate; building and district level			
Academic failure beginning in elementary school (low school test scores)					
Students not meeting math and reading standards for 4th, 8th and 12th graders – number and rate	Kids Count	County			

Educational Attainment of adults
  o <9th grade
  o >9th, no diploma
  o HS diploma
  o Some college, etc.
	Census	county			

Individual/Peer Domain:	Source	Level	Notes	Usefulness of Data	Feasibility
Rebelliousness					

• Early criminal justice involvement
  - Arrests, alcohol or drug related age 10-14
  - Arrests for vandalism age 10-14
	MSP				

• Out of home placement for delinquency	Kids Count				
Peer Norms for friend smoking, marijuana and alcohol use.	MIPHY	County if participating			
Early initiation of Drug Use • Youth in publicly funded treatment admissions • Reported age of first use for persons in publicly funded treatment admissions.	TEDS				
Low perceived risk of drug use	MIPHY: Perceived risk of binge drinking, smoking and marijuana.				
Favorable attitudes toward drug use	MIPHY: Personal belief regarding regular alcohol use, marijuana use, or smoking.				
PROTECTIVE FACTORS:	**Source**	**Level**	**Notes**	**Usefulness of Data**	**Feasibility**
Community Domain:					
• Rewards for positive involvement • Opportunities for positive involvement	MIPHY: • Adults in neighborhood to talk about important things • Neighbors notice when I do good job and let me know • People in neighborhood who encourage to do my best • People in neighborhood who are proud when I do something well				
Family Domain					
• Rewards for positive involvement	MIPHY: • Parents notice when I do good job and let me know • Parents tell you when proud • Parents ask about family decisions • Parents give lots of chances for				

	fun				
School Domain					
• Rewards for positive involvement • Opportunities for positive involvement	MIPHY: • Students help decide activities/rules • Students can talk one-on-one to teacher • Teachers ask to work on special classroom projects • Chances for involve. in sports, clubs, etc • Chance to be part of class discuss/activity • Teacher notices good job and let me know • School lets parents know when I did something well • Teachers praise when work hard				
Peer/Individual Domain					
• Religiosity	Undetermined				
• Social Skills					
• Belief in the Moral Order					